

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office High Street, Greymouth 7840 Telephone 03 769-7400 Fax 03 769-7791

23 February 2022



RE: Official information request WCDHB 9658

I refer to your email dated 25 January 2022 requesting the following information under the Official Information Act from West Coast DHB regarding skin cancer referrals, specifically:

Current size of the waiting list for all skin cancer referrals to your DHB as follows:

- Initial consultation appointment for suspected or confirmed BCC, SCC and melanoma
- Surgical appointment for melanoma excision
- Surgical appointment for BCC or SCC excision

I would also like to know to what extent, if any, your DHB funds GPs or private providers to carry out any SCC, BCC or melanoma excisions on an annual basis (e.g. for 2021).

Response

Waiting lists are dynamic and change from day to day. Our waiting lists are not coded, so such data that may be derived from them is reliant on whatever information has been written in free-format text based on narrative information supplied by the referring clinicians.

While some referrals for Specialist assessment and determination of treatment pathway at an outpatient clinic are specifically indicated as being suspected SCCs, BCCs or melanomas, there are others where the information is indeterminate as to whether the lesions might be tumour-related, or may have arisen from some other cause, such as from an ulcer, wound, abscess, or other matter. Accordingly, the nature of the lesion may not be known until the patients have been reviewed at clinic, and where biopsies are taken, and histology's are subsequently assessed to determine pathology. Where there is clear definition, lesion removal is often undertaken by the Specialists as part of outpatient review. Cases requiring more intensive lesion excision, or where the lesion is located at visually sensitive sites (for example, lesions on the face), may move on to surgical waiting lists of our general surgery or plastic surgery services for treatment.

This limitation on the available data noted, as a snapshot of our waiting lists as at 14 February 2022, there were 62 referrals for a first special assessment at outpatients for suspected SCCs, BCCs or melanomas, and 25 other referrals for lesions where tumour-related suspicion was not specifically recorded. Cases on general surgery or plastic surgery waiting lists for excision as day case procedures numbered 14, including ten listed for excision of BCCs and four for excision of SCCs.

West Coast DHB funds up to 39 skin lesion excisions for skin cancers to be provided in general practice per annum.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

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Ralph La Salle Senior Manager, OIAs Canterbury DHB & West Coast DHB.